

9-15-2025

## Staff Education About Cultural Awareness In A Healthcare Setting

Phylis Titty Tarawally  
*Walden University*

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>



Part of the [Nursing Commons](#)

---

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact [ScholarWorks@waldenu.edu](mailto:ScholarWorks@waldenu.edu).

# Walden University

College of Nursing

This is to certify that the doctoral study by

Phylis Tarawally

has been found to be complete and satisfactory in all respects,  
and that any and all revisions required by  
the review committee have been made.

Review Committee

Dr. Catherine Fant, Committee Chairperson, Nursing Faculty

Dr. Mirella Brooks, Committee Member, Nursing Faculty

Chief Academic Officer and Provost

Sue Subocz, Ph.D.

Walden University

2025

Executive Summary: Staff Education Project

Staff Education About Cultural Awareness In A Healthcare Setting

by

Phylis Tarawally

DNP, Walden University, 2023

BS, Chamberlain College of Nursing, 2019

Executive Summary Submitted in Partial Fulfilment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

November 2025

## Summary

This quality improvement project was carried out to address a practice gap in culturally responsive care among nursing staff working in a skilled nursing facility. African-American residents often face disparities in healthcare due to staff's limited knowledge of cultural health beliefs and confidence in engaging with diverse populations. To improve this, an educational intervention was designed using the ADDIE instructional model and evaluated to see if it could enhance staff knowledge and confidence related to African-American cultural practices.

The project was guided by the practice-focused question: Will a structured African-American cultural awareness program improve staff knowledge and confidence to implement inclusive care practice in a skilled nursing facility? Clinical experts developed and reviewed educational materials before implementation. The training was delivered using online modules, videos, case studies, and role-play activities. Multimedia resources and expert-reviewed educational materials were incorporated to ensure cultural relevance, clinical applicability, and adult learning alignment.

Staff completed pre- and post-surveys. Results showed that knowledge scores and confidence scores increased. Confidence score increased from 2.9 to 4.3, and knowledge score increased from 3.1 to 4.5. While themes like communication and cultural respect appeared in responses, they were not formally measured or reported as primary outcomes. In conclusion, the project demonstrated that a focused cultural awareness program can significantly improve staff readiness to deliver inclusive and patient-centered care thereby impacting positive patient outcomes to reduce health outcome disparities.

## **Background**

Numerous clinical studies show that long-term healthcare disparities in the African-American population are pervasive, with cultural misunderstandings and institutional biases playing significant roles. Although it has been more than 3 decades since patients of African origin were a subject of nurses misunderstanding their cultural beliefs and values, they still experience inequality in care, lower satisfaction with care, and poorer clinical results than other races (Epps et al., 2022; Gyamfi et al., 2021). A significant root cause of this injustice is the lack of cultural competencies among medical professionals, especially in skilled nursing settings where prolonged interaction with patients occurs.

The practice problem associated with this project was the lack of understanding of the African-American cultural health beliefs, interaction norms, and traditional care practices on the part of the skilled nursing staff. Research has revealed that in most cases, the healthcare system is perceived as discriminatory for the African-American patients, and this worsens due to the lack of cultural training for nurses (Reddy et al., 2021). This leads to misunderstandings and relational breakdowns with the treatment program and a lack of trust in health providers. Consequently, culturally insensitive care leads to adverse health outcomes and includes health inequities.

This DNP project aimed to design and implement a structured, culturally aware education program for the skilled nursing staff. This program aimed to improve nurses' knowledge and confidence with African-American patients, respect culturally specific health practices, and provide them with more equitable and patient-centered care. This is consistent with national systemic change in nursing practice to promote diversity, equity,

and inclusion (Majee et al., 2023). The practice-oriented question guiding this initiative was: Will a structured African-American cultural awareness program improve staff knowledge and confidence in implementing inclusive care practices in a skilled nursing facility?

There is strong evidence in support of this project. This project drew on multiple high-quality sources of evidence to inform its design and implementation. Level I evidence, such as systematic reviews (e.g., Adams et al., 2021), supports active learning methods, including simulations and community-based training. Conceptual models guided the curriculum structure, including the Campinha-Bacote Model of Cultural Competence (Reddy et al., 2021) and the Cultural Competence Continuum. Additional multimedia resources and expert-reviewed educational materials were incorporated to ensure cultural relevance, clinical applicability, and adult learning alignment. These combined sources provided a robust foundation for implementing a culturally tailored intervention. Adams et al., (2021) systematically reviewed the literature to conclude that using active learning strategies like simulations and community-informed modules in culturally tailored training interventions significantly enhanced the outcomes in underrepresented groups. In the same way, Gwadz et al., (2022) stressed that introducing culturally anchored frameworks into education, such as critical race theory and self-determination models, may enhance healthcare providers' likelihood of reaching underserved populations.

In this project, the identified problem was the gap in the staff's knowledge and confidence in African-American culture awareness within a skilled nursing facility. This disconnect actively led to variations in care provision and inequity in treating patients.

The solution to such an issue was important not only in the context of enhancing clinical practice but also in fostering dignity, respect, and cultural safety among the residents belonging to historically marginalized groups.

The project aimed at designing and implementing an evidence-based educational intervention, following the ADDIE instructional model, to improve culturally responsive care competence among the staff. The project aligned with the facility's strategic priority of promoting inclusive and patient-centered care and was reflected in national efforts to decrease racial health outcome disparities (Adams et al., 2021).

### **Staff Education Project Development**

This DNP project was designed to develop, implement, and evaluate a structured cultural awareness education program targeting skilled nursing staff working with African-American patients. The ADDIE instructional design model guided the project's development, offering a systematic framework for these five steps. Each stage was modified to fill in the gaps in the cultural competence level and adapt the educational content for adult learning in a clinical environment.

#### **Analysis Phase**

This project started as a needs assessment among organizational leaders, nursing staff, and diversity officers in this organization. Baseline evaluations found limited formal training on beliefs about African-Americans' health, spiritual practices, and conversational approaches among the nursing workforce. These findings were in congruence with the national trends that demonstrated that many nurses have a limited understanding of various cultures required to interact with diverse populations efficiently

(Reddy et al., 2021). Moreover, differences among the patients' satisfaction data also confirmed the discrepancy in the practice, emphasizing the need for intervention.

### **Design and Development**

A structured expert review checklist was provided to the administrator and nurse educator to evaluate the educational materials (Appendix A). This tool included criteria addressing cultural relevance, clarity of objectives, evidence-based accuracy, feasibility within staff schedules, and alignment with the Campinha-Bacote Model of Cultural Competence (Reddy et al., 2021). Experts rated each component on a three-point scale (needs revision, acceptable, excellent) and offered qualitative comments for improvement. This systematic evaluation ensured objective and consistent feedback before program implementation. From the findings, the project's educational goals were developed to correspond to the standards of culturally competent care. Objectives included enhancing awareness of African-American historical and cultural health influences, strengthening interpersonal care approaches, and reducing unconscious bias in clinical encounters. The training materials utilized evidence-based sources and culturally informed models (Appendix B) such as the Campinha-Bacote Model of Cultural Competence and the Cultural Competence Continuum (Reddy et al., 2021).

### **Implementation**

The program was introduced gradually. First, a pilot session was held on a small staff cohort, enabling observational evolution and iterative feedback in real time. The pilot showed high participation, especially during group discussions on personal biases and patient-centered scenarios. Minor adjustments were made to the pacing of the

sessions and clarity of instructional content before the full rollout. Multimedia tools such as videos were included in the training to enhance cultural understanding (Appendix B).

The program was delivered over two weeks through online modules and synchronous workshops. It was required for all skilled nursing personnel, and they were told that it would count as their continuing education credits for the year-end. The clinical leadership and diversity officers supported creating participation and exhibiting inclusive behavior (Epps et al., 2022).

### **Evaluation Process**

The evaluation plan used quantitative and qualitative methods. Participants completed a pre-training survey regarding their baseline knowledge and confidence using the Cultural Competence Assessment Questionnaire (Appendix C). As soon as the sessions were over, a post-training survey on the same items was carried out.

Findings were assessed using a Likert-scale assessment tool from the cultural competence literature, addressing dimensions such as the staff's knowledge, confidence, and effectiveness. Following Gwadz et al., (2022), a thematic analysis was performed of the open-ended responses concerning what the participants perceived, their emotional response, and barriers encountered while undergoing the training.

### **Results**

This project collected quantitative and qualitative data to evaluate staff knowledge and confidence changes following the cultural awareness training. Staff members completed surveys before and after the intervention using a 5-point Likert scale. The results showed notable improvements across all three domains: staff confidence in

delivering culturally sensitive care, knowledge of African-American beliefs and practices, and respect for cultural values.

Using a written expert review checklist, the expert, the administrator, and the nurse educator evaluated the cultural relevance of the program, the clarity of the learning objectives, the evidence-based background, the practicability of the initiative, and its adherence to existing nursing standards. The experts verified that the educational materials, case studies, quizzes, and multimedia components were accurate, considering African-American patients' cultural challenges in skilled nursing facilities. They also supported the instructional method, which in their case is role-play and reflective discussion, as being very effective with adult learners. Positive suggestions included simplifying specific survey language, incorporating a facilitator debrief guide, and providing flexibility in the training presentation. These recommendations were incorporated before the launch to ensure the materials were culturally responsive, feasible, and engaging for the staff. This professional confirmation enhanced the validity and credibility of the entire project.

### **Quantitative Results**

The pre-training survey comparison has shown knowledge and confidence on the part of the staff. Before the training, 38% of the cohort felt strongly about customizing care provision to various cultural specifications. Upon completion of the training programme, this increased to 82%. These figures indicate the ratio of participants who chose the responses of Agree or Strongly agree in pre- and post-surveys, each of which used a 5-point Likert scale. Participants also showed a better understanding of historical

and sociocultural influences on African-American patients, medical mistrust, and family-involved decision-making.

Staff knowledge of African-American cultural beliefs and practices increased from an average pre-training score of 3.1 to 4.5 post. Similarly, their confidence in delivering culturally responsive care increased from 2.9 to 4.3. These numbers support the effectiveness of the intervention in meeting its stated objectives (see Table 1).

**Table 1**

*Evaluation Summary*

Metric	Pre-training score	Post-training score
Confidence in delivering culturally sensitive care	2.9	4.3
Knowledge of African-American beliefs	3.1	4.5
Respect for cultural values	3.3	4.6
Intent to use inclusive practices	3.0	4.4

**Qualitative Feedback**

Open-ended questions let the participants learn valuable insights about how unconscious bias and lack of knowledge, and confidence gaps could negatively affect African-American patients. Several articulated that the case studies and role-playing situations helped them identify and act on their assumptions, which they never knew they had. Several participants mentioned that the training enabled them to shift their patient interactions to more empathic guidance based on the culture. Thematic analysis of open-ended survey responses revealed the following themes:

- Increased Empathy and Cultural Humility
  - “I never realized how often I dismissed patients’ cultural needs until seeing these scenarios.”
  - “This was the first time I have considered why African-American patients may not trust the system.”
- Improved Communication
  - “I am more comfortable asking about family involvement.”
  - “I now pause to listen rather than talk over patients.”
- Awareness of Bias
  - “The role-play helped me catch unconscious stereotypes.”
  - “I became aware of assumptions I did not know I had.”

Participants felt the program shifted their attitudes toward more respectful and culturally safe care. These findings reflect what has been reported by Adams et al. (2021) and are further supported by the qualitative themes identified in participant feedback.

Generally, a high degree of evidence-based practice, inclusive pedagogy, and nursing professional standards were adopted throughout the project. The combination of cultural humility, interactive instruction, and system-level support laid a foundation for both immediate impact and long-term sustainability. Not only this, but it also placed this organization in a position to take the lead on racial health disparities with implementable staff development interventions.

### **Organizational Impact**

The broader organizational impacts were also positive. Nurse educators were reported to be more involved in the nursing team, which resulted in a more cohesive work culture, an increased curiosity about cultural affairs, and better collaboration among the nursing staff in daily huddles and staff meetings.

Also, the clinic's Diversity and Inclusion Committee recommended that the training be permanently part of new hires' onboarding for all new nursing hires. This step was also considered key in maintaining the project's impact outcomes and promoting them among several departments.

### **Conclusion**

This quality improvement project showed a clear improvement in staff knowledge and confidence to deliver inclusive care following a structured cultural awareness training program. Also, the training helped improve the staff's knowledge and confidence regarding adhering to patients' cultural beliefs. Staff members reported feeling more prepared and confident in understanding African-American patients' cultural values and beliefs. Pre- and post-training scores demonstrated meaningful growth in knowledge and confidence areas, with staff indicating a stronger willingness to apply what they learned in real patient care situations.

The project supported equitable and patient-centered care delivery by improving African-American culture's knowledge and confidence on beliefs, cultural values, and historical mistrust among nursing staff. The project findings show that systematic evidence-based cultural training may significantly impact nursing practice. Pre- and post-training assessments showed increased cultural knowledge and confidence in navigating complex care scenarios with African-American patients. Such findings confirm previous findings that spotlight the role of culturally responsive education in addressing disparities in healthcare (Epps et al., 2022; Gwadz et al., 2022). In addition, qualitative results showed that nurses felt more empathic, more open to other views, and better understood how cultural assumptions influence patient care (Adams et al., 2021).

From the organizational perspective, the training facilitated a more inclusive care environment and increased staff engagement in diversity-related discussions. The project also positively impacted social change by encouraging respect for each other, inclusion, and cultural humility among the nursing workforces. Empowering nurses to provide culturally competent care improved trust in healthcare providers and relationships between them and historically underprivileged groups. This shift is essential for deconstructing structural impediments that help create disparities in care outcomes and access (Reddy et al., 2021).

This organization should institute this cultural awareness program in its yearly training and orientation. The program's modular design can be scaled and modified to train other cultural groups in future undertakings. Besides, including a continuous feedback loop and quarterly assessments will help transform practices to align with emerging patient demographics and cultural needs. In conclusion, this DNP project filled a vital practice gap and developed a replicable model for improving cultural competence in nursing. The initiative worked towards the professional development of nursing staff and furthered the primary goal of health equity through education, reflection, and involvement.

## References

- Adams, L. B., Richmond, J., Watson, S. N., Cené, C. W., Urrutia, R., Ataga, O., Dunlap, P., & Corbie-Smith, G. (2021). Community health worker training curricula and intervention outcomes in African American and Latinx communities: A systematic review. *Health Education & Behavior, 48*(4), 516–531.  
<https://doi.org/10.1177/1090198120959326>
- Epps, F., Moore, M., Chester, M., Gore, J., Sainz, M., Adkins, A., Clevenger, C., & Aycock, D. (2022). The Alter Program: A nurse-led, dementia-friendly program for African American faith communities and families living with dementia. *Nursing Administration Quarterly, 46*(1), 72–80.  
<https://doi.org/10.1097/NAQ.0000000000000506>
- Gwadz, M., Cluesman, S. R., Freeman, R., Collins, L. M., Dorsen, C., Hawkins, R. L., Cleland, C. M., Wilton, L., Ritchie, A. S., Torbjornsen, K., Leonard, N. R., Martinez, B. Y., Silverman, E., Israel, K., & Kutnick, A. (2022). Advancing behavioral interventions for African American/Black and Latino persons living with HIV using a new conceptual model that integrates critical race theory, harm reduction, and self-determination theory: A qualitative exploratory study. *International Journal for Equity in Health, 21*(1), Article 97.  
<https://doi.org/10.1186/s12939-022-01699-0>
- Gyamfi, A., O'Neill, B., Henderson, W. A., & Lucas, R. (2021). Black/African American breastfeeding experience: Cultural, sociological, and health dimensions through an equity lens. *Breastfeeding Medicine, 16*(2), 103–111.  
<https://doi.org/10.1089/bfm.2020.0312>

Majee, W., Anakwe, A., Onyeaka, K., & Harvey, I. S. (2023). The ast Is so Present: Understanding COVID-19 vaccine hesitancy among African American adults using qualitative data. *Journal of Racial and Ethnic Health Disparities*, *10*(1), 462–474. <https://doi.org/10.1007/s40615-022-01236-3>

Reddy, S., Patel, N., Saxon, M., Amin, N., & Biviji, R. (2021). Innovations in the U.S. health care delivery to reduce disparities in maternal mortality among African American and American Indian/Alaskan Native women. *Journal of Patient-Centered Research and Reviews*, *8*(2), 140–145. <https://doi.org/10.17294/2330-0698.1793>

### Appendix A: Expert Review Checklist

<b>Criteria</b>	<b>Needs Revision (1)</b>	<b>Acceptable (2)</b>	<b>Excellent (3)</b>	<b>Expert Comments</b>
Cultural relevance of the content				
Clarity of learning objectives				
Evidence-based accuracy				
Consistency with Campinha-Bacote Model				
Practicality for staff schedules				
Assessment tools appropriateness				
Case study and role-play scenario quality				
Overall readability and accessibility				
Feasibility for clinic resources				
Recommendation for future improvements				

## **Appendix B: Instructional Methods for Cultural Awareness Training (Training Materials)**

### **Instructional methods included:**

- Case-based learning is rooted in real-world scenarios (e.g., mistrust of the healthcare system, end-of-life family decision-making).
- Role-playing exercises to simulate culturally sensitive clinical interactions.
- Multimedia resources such as videos and guided reflection tools to reinforce learning (Adams et al., 2021).
- Online modules provide flexibility for staff to complete training within their schedules.

The development phase prioritized interactive and reflective approaches to learning, as these techniques are most effective in enhancing empathy and cultural humility among healthcare workers (Gyamfi et al., 2021).

### **Case Study Scenario (Used in the Training Session)**

#### **Title: "Unheard Voices in the Exam Room"**

A 60-year-old African-American man has hypertension and does not agree to start a new treatment. The nurse notes that he is hesitant and distrustful, and he provides a reason for this, citing a bad experience he had in one of the hospitals. The participants in the role-play are required to test culturally sensitive approaches to communication, which focus on minimizing the risks of treatment while also taking into account the patient's historical and emotional background.

**Objective:** Practice empathetic listening, use culturally appropriate language, and engage the patient's family in shared decision-making.

## **Multimedia Resource Evaluation**

### **Multimedia Resources Report: Cultural Competence and Health Disparities in African-American Communities**

#### **Introduction**

Healthcare professionals must develop cultural competence skills to deliver successful medical care because it supports the treatment of health inequalities within African-American populations. The report evaluates five video resources about cultural awareness, African-American health beliefs, and healthcare disparities affecting patient outcomes. The multimedia collection provides healthcare professionals and exceptionally skilled nursing staff with essential knowledge about improving patient interaction with African-American patients.

#### **Video 1: “Understanding African-American Health Disparities”**

**Link:** [Understanding African-American Health Disparities | YouTube](#)

**Length:** 10 minutes

#### **Summary:**

The video studies the organized health inequalities that African-American communities endure through elevated chronic disease occurrence of hypertension, along with diabetes and cardiovascular illnesses. The footage explores healthcare institutions’ distrust of history and African-Americans’ cultural belief systems that influence their selection of healthcare services. The video emphasizes that healthcare providers must grasp such factors because they foster better healthcare quality and enhance patient trust.

**Relevance:**

The video demonstrates why healthcare professionals need cultural competency because of its importance in addressing African-American health differences. The cultural factors, including health beliefs and healthcare system exposure, affect the quality of care African-American patients receive.

**Video 2: “African-American Health Beliefs and Healthcare”**

**Link:** [African-American Health Beliefs and Healthcare | YouTube](#)

**Length:** 7 minutes

**Summary:**

The video investigates African-American patients' distinctive health-related beliefs, including family-centred medical decisions and traditional healing practices. It demonstrates that traditional African-American beliefs often create complications with medical treatment standards, thus preventing patients from getting appropriate care. The video urges medical professionals to preserve patients' beliefs by creating strategies that amalgamate traditional African-American practices with medical services.

**Relevance:**

This video makes your dissertation work more applicable by emphasising the need to understand African-American health beliefs. It will also support your cultural awareness training program by demonstrating the necessity of healthcare providers integrating patient beliefs to enhance treatment results.

### **Video 3: "Cultural Competence in Nursing: African-American Patient Care"**

**Link:** [Cultural Competence in Nursing: African-American Patient Care | YouTube](#)

**Length:** 8 minutes

**Summary:**

The video demonstrates how nursing staff should offer culturally competent treatment to African-American patients. The video explains how to improve patient conversation methods while teaching staff members to note cultural background differences alongside health belief systems and traditions. Cultural competence extends beyond conscious knowledge because it requires nursing professionals to dedicate themselves to understanding the patient's cultural background through engagement.

**Relevance:**

The video content suggests that nursing staff can use practical strategies for engaging with African-American patients through a culturally sensitive approach. The video supports your goal of establishing a cultural awareness program to enhance patient care and minimise healthcare disparities.

### **Video 4: "Barriers to Healthcare for African-American Patients"**

**Link:** [Barriers to Healthcare for African-American Patients | YouTube](#)

**Length:** 9 minutes

**Summary:**

The video brings attention to multiple healthcare barriers that African-American patients encounter because of financial inequities, healthcare coverage limitations, and medical

service distrust. It examines the importance of cultural competence and evaluates different healthcare obstacles African-American patients encounter. At present, healthcare providers need to better understand the challenges before working to establish trust bonds with their African-American patients.

**Relevance:**

The video establishes crucial knowledge about the complete picture of healthcare disparity. Establishing training sessions to enable nurses to detect external and internal elements that influence various aspects of care delivery to African-American patients is essential for your educational approach.

**Video 5: "Improving Cultural Competence in Healthcare"**

**Link:** [Improving Cultural Competence in Healthcare | YouTube](#)

**Length:** 10 minutes

**Summary:**

This video teaches viewers about cultural competence strategies in healthcare, specific protocols for African-American health beliefs, and healthcare provider involvement in creating inclusive settings. To provide optimal care to diverse patients, healthcare providers must participate in continuous educational sessions and training and reflect on their behavior.

**Relevance:**

The video content explicitly addresses the primary targets included in your cultural awareness training program. This resource delivers operational instructions for implementing nursing and healthcare cultural competence, which is necessary for better-skilled nursing facility care for African-American patients.

**Conclusion**

The entire collection of these five educational videos combines to create an extensive understanding of healthcare cultural competence while featuring African-American health beliefs and healthcare disparity effects. These multimedia tools supply essential theoretical and practical knowledge for developing better African-American patient care through healthcare providers.

Using these educational videos within training programs enables nursing staff to enhance their cultural competency related to patient care and acquire specific methods for better engagement with patients who belong to diverse communities.

## Appendix C: Cultural Competence Questionnaire

### Pre- and Post-Training Questionnaire (Cultural Competence Assessment Tool)

Sample Items (Likert Scale – 1 = Strongly Disagree, 5 = Strongly Agree):

#### 1. Multiple-Choice Questions (MCQS)

Multiple-choice questions help evaluate factual knowledge about cultural beliefs and practices and their impact on patient care.

#### Sample MCQS:

1. **Which of the following best defines cultural competency in healthcare?**

**(Knowledge question)**

- a) The ability to understand and respond effectively to the cultural needs of patients
- b) The ability to speak multiple languages fluently
- c) The ability to diagnose cultural disorders in patients
- d) The ability to treat all patients the same way, regardless of their background

2. **What cultural practices do Muslim patients most commonly follow during**

**Ramadan? (Knowledge question)**

- a) Fasting from dawn to dusk
- b) Abstaining from all meats
- c) Following a vegetarian diet
- d) Taking daily herbal medicine

3. **How can a healthcare provider best handle a situation where a patient's health beliefs conflict with medical advice? (Knowledge question)**

- a) Ignore the patient's beliefs and enforce medical treatment
- b) Discuss the patient's concerns and find a compromise that respects their beliefs
- c) Overrule the patient's wishes and proceed with the treatment
- d) Ask the family to decide for the patient

4. **Which health condition is commonly associated with African-American populations due to genetic factors? (Knowledge)**
- a) Hypertension
  - b) Asthma
  - c) Diabetes
  - d) Cancer
5. **In which way can cultural competence impact healthcare outcomes? (Knowledge question)**
- a) It has no impact on healthcare outcomes.
  - b) It may improve patient satisfaction and engagement in care.
  - c) It may only reduce the costs of treatment.
  - d) It only helps in communication but does not affect treatment outcomes.

## 2. True or False Questions

True-or-false questions can help assess staff's understanding of cultural competence principles and ability to apply them in practice.

### Sample True/False Questions:

1. **Cultural competency is only essential when treating patients from ethnic minority groups. (Knowledge question)**
- True
- False
2. **A healthcare provider should know cultural dietary restrictions when recommending a treatment plan. (Knowledge question)**
- True
- False
3. **All African-American patients prefer the same type of treatment. (Knowledge question)**
- True
- False

4. **Providing culturally competent care means recognizing and respecting each patient's unique health beliefs and values. (Knowledge question)**

True

False

5. **Cultural competence can improve trust and communication between healthcare providers and patients. (Knowledge question)**

True

False

### **3. Likert Scale Assessment**

A Likert survey is a valuable instrument for assessing participants' attitudes and beliefs. Health professionals use this tool to determine participant agreement with statements that reveal their beliefs about cultural competency and health practices.

#### **Sample Likert Scale Statements:**

***Scale: Strongly Agree (5) – Agree (4) – Neutral (3) – Disagree (2) – Strongly Disagree (1)***

1. **I feel confident in interacting with patients from diverse cultural backgrounds. (Confidence question)**

5 – Strongly Agree

4 – Agree

3 – Neutral

2 – Disagree

1 – Strongly Disagree

2. **I believe that cultural competence is essential to delivering adequate healthcare. (confidence)**

5 – Strongly Agree

4 – Agree

3 – Neutral

2 – Disagree

1 – Strongly Disagree

**3. I know the common health beliefs and practices among African-American populations that may affect their healthcare decisions. (Knowledge question)**

5 – Strongly Agree

4 – Agree

3 – Neutral

2 – Disagree

1 – Strongly Disagree

**4. I believe healthcare systems should provide more resources for cultural competence training. (Confidence question)**

5 – Strongly Agree

4 – Agree

3 – Neutral

2 – Disagree

1 – Strongly Disagree

**5. I have successfully applied cultural competency principles in my daily practice. (Confidence question)**

5 – Strongly Agree

4 – Agree

3 – Neutral

2 – Disagree

1 – Strongly Disagree

**4. Open-Ended Questions**

Staff members gain value through reflective, open-ended inquiries, which generate qualitative data to shape upcoming training activities.

**Open-Ended Questions:**

1. Describe a time when cultural beliefs influenced a patient's decision regarding their treatment. How did you handle the situation? (Qualitative)
2. What cultural competence practices have you found most effective when interacting with patients from diverse backgrounds? (Qualitative)

3. What challenges have you encountered in culturally sensitive care, and how did you address them? (Qualitative)
4. In your opinion, how can healthcare systems better incorporate cultural competence into everyday practices? (Qualitative)

**Scoring Note**

Questions 1–3 measured Knowledge

Questions 4–6 measured Confidence

Questions 7–8 measured Intent